

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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9						
10						
11						
12						
13						
14		13				
15		14				
16		1				
17		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	28	↔	↔	↔	↔	↔
TOTAL CLAIMS	29	████	████	████	████	████

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		████	████	████	████	████